

DR 0223 (12/16/20)
COLORADO DEPARTMENT OF REVENUE
Excise Tax Accounting
PO Box 17087

Denver CO 80217-0087 Tax.Colorado.gov Page 1 of 1

## **Nicotine Products Distributor Application**

- This form is to be used by new distributors or if there is a change of ownership.
- A license will not be issued if the taxpayer owes any delinquent taxes administered by the department.
- A separate license is required for each place of business.
- To download and print forms, visit Tax. Colorado.gov
- · Mail completed application to the address above.

Type of	Ownership					]					
		Individual General	Partnership		Corporation						
			•		•						
LLC Other Specify Other						Colorado Aco	ount Number				
Loot No	me or Business	Nama			First Name				Middl	e Initial	
Lastina	ine or business	Name			First Name				Iviidai	C IIIIIIai	
Trade N	Jame/Doing Busi	ness As (if applicable)									
	.a	(ii applicable)									
Address of Principal Place of Business (street)					City	City State Zip					
Phone Number					Email Address	Email Address (required)					
						T					
Mailing Address (if different from above)					City			State	Zip		
Phone	Number	FEIN/SSN if individual (requir	red)	License	Start Date (MM/D	ND/VV)	Period (Dept. us	MN (vlno ea		<u></u>	
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A nicotine products license is required if the applicant qualifies in any of the following categories. Check the appropriate boxes:											
Nicotine Products Distributor – Check all that apply:											
First to receive nicotine products in the state.  Sells nicotine products in Colorado and is primarily liable											
for the nicotine products tax.											
First calle or offers for calc in Colorado picatino											
First sells or offers for sale in Colorado nicotine Delivery seller - A person located outside of Colorado, who makes a delivery sale of nicotine products to a											
	consumer in Colorado.										
The following must accompany this application before your license can be issued:											
Colorado Account Number											
1	•	rtment of Revenue account n									
If you do not have a valid Department of Revenue sales tax account number, enclose a completed CR 0100AP, Colorado Sales Tax and Withholding Account Application, and the proper license fee with this application.											
1	-										
2. A co	mpleted DR 57	85, Authorization for Electron	nic Funds Trans	sfer (EF	T) For Tax Pay	ments.					
Fac Ca	de aduda Tha li	anna fao ia baard an a fiaral			andina luna 20	) If an aminar a	J-4£46- 6				
Fee Schedule.         The license fee is based on a fiscal year beginning July 1           July-September         October-December         January-March				April-June	). If opening o		3-750	curs.			
, ,				•	Nicotine		3-7 <del>3</del> 0				
Fee: \$10.00 Fee: \$7.50		Fee: \$5.00		Fee: \$2.50	License F		\$				
The Stat	e may convert your c	heck to a one time electronic banking tran	nsaction Your bank	account ma	v be debited as early				verted your c	heck will	
		is rejected due to insufficient or uncollec									
The applicant agrees that upon acceptance of the license granted by the Department for nicotine products tax, that they are subject to all provisions											
of the following statutes and rules: § C.R.S., Title 39, Article 28.6 Nicotine Products Tax. Guidance publications are available at <i>Tax.Colorado.gov.</i> Non-compliance with these statutes and rules can result in revocation of the license(s) for two years.											
I declare under penalty of perjury in the second degree the statements made in  Type or Print Authorized Name					this application Title	are true and co	omplete to the	best of n	ny knowle	dge.	
	Trype of Fillit At	ILLIONZEU INAINE			1100						
	Signature of Ow	ner, Partner or Corporate Office	r			Date (MM/DE	D/YY)				
Signature of Owner, Farther of Corporate Officer					_ = ==== (	- /		ļ			